MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project

Advisory Group and Interested Parties

FROM: John Pandiani

Janet Bramley

DATE: March 17, 2000

RE: Children with Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of two children's diagnostic categories that was selected for detailed analysis in the recently released Surgeon General's Report on Mental Health. (The other children's diagnostic category to receive detailed attention is Depression.) According to this report, ADHD is the most commonly diagnosed disorder of childhood, affecting an estimated 4% of all children.

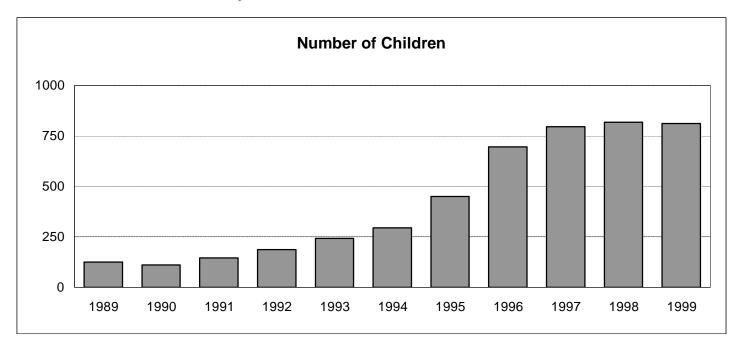
The focus of this week's PIP is the growth of the treated prevalence of this disorder in Vermont. Specifically, it reports the number of young people treated under a primary diagnosis of 314.xx (ADHD) by each of Vermont's ten community mental health programs during each year, 1989 through 1999. In addition, the representation of young people with an ADHD diagnosis among all young people who were served by community mental health programs is reported.

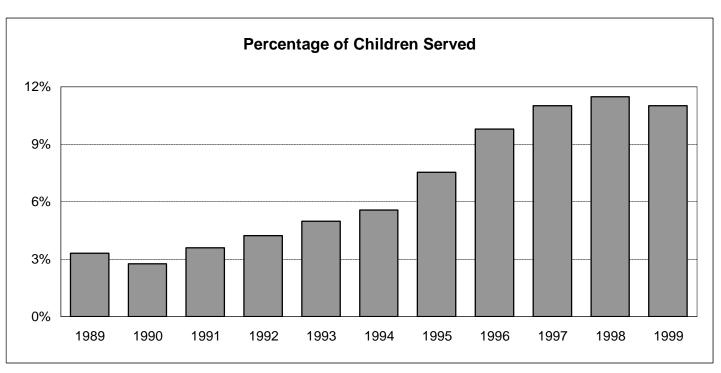
As you will see, there has been a tremendous growth in this area over the past decade. The number of young people treated for ADHD has grown by more than six times, from 125 in 1989 to 811 in 1999. The young people treated by community mental health programs under a primary diagnosis of ADHD in 1999 represents approximately 0.6% of all Vermont residents under 18 years of age. As a proportion of all children and adolescents served by community mental health programs, the representation of young people with ADHD has grown from 3.3% in 1989 to 11% in 1999.

The representation of young people with a diagnosis of ADHD varied among community programs from less than 7% at the children's services programs in Bennington and Lamoille Counties to more than 18% in Orange County. In six of the ten community programs, the proportion of young people with ADHD was in the 10% to 12% range.

The growth of the ADHD diagnosis in Vermont represents an important national trend in children's mental health. We will appreciate your comments about causes of this growth and implications for the system of care for children and adolescents in Vermont. Please send your questions and suggestions to jpandiani@ddmhs.state.vt.us or call 802-241-2638.

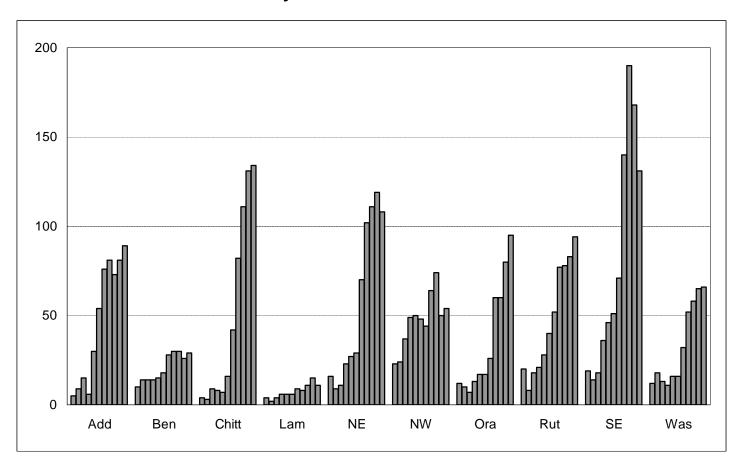
Children with ADHD as Primary Diagnosis Served by Vermont CMHCs Statewide FY 1989-99





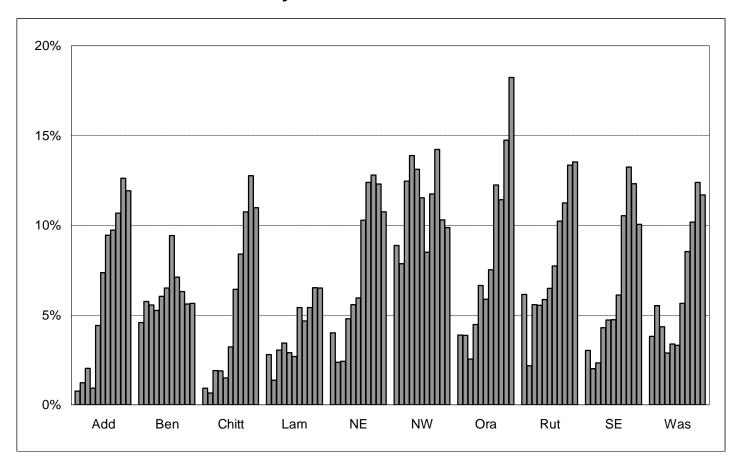
	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number	125	111	146	187	242	295	450	696	796	818	811
Percentage	3%	3%	4%	4%	5%	6%	8%	10%	11%	11%	11%

Number of Children with ADHD as Primary Diagnosis Served by Vermont CMHCs FY 1989-99



	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Addison	5	9	15	6	30	54	76	81	73	81	89
Bennington	10	14	14	14	15	18	28	30	30	26	29
Chittenden	4	3	9	8	7	16	42	82	111	131	134
Lamoille	4	2	4	6	6	6	9	8	11	15	11
Northeast	16	9	11	23	27	29	70	102	111	119	108
Northwest	23	24	37	49	50	48	44	64	74	50	54
Orange	12	10	7	13	17	17	26	60	60	80	95
Rutland	20	8	18	21	28	40	52	77	78	83	94
Southeast	19	14	18	36	46	51	71	140	190	168	131
Washington	12	18	13	11	16	16	32	52	58	65	66
State	125	111	146	187	242	295	450	696	796	818	811

Percentage of Children with ADHD as Primary Diagnosis Served by Vermont CMHCs FY 1989-99



	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Addison	1%	1%	2%	1%	4%	7%	9%	10%	11%	13%	12%
Bennington	5%	6%	6%	5%	6%	6%	9%	7%	6%	6%	6%
Chittenden	1%	1%	2%	2%	2%	3%	6%	8%	11%	13%	11%
Lamoille	3%	1%	3%	3%	3%	3%	5%	5%	5%	7%	7%
Northeast	4%	2%	2%	5%	6%	6%	10%	12%	13%	12%	11%
Northwest	9%	8%	12%	14%	13%	12%	9%	12%	14%	10%	10%
Orange	4%	4%	3%	4%	7%	6%	8%	12%	11%	15%	18%
Rutland	6%	2%	6%	6%	6%	6%	8%	10%	11%	13%	14%
Southeast	3%	2%	2%	4%	5%	5%	6%	11%	13%	12%	10%
Washington	4%	6%	4%	3%	3%	3%	6%	9%	10%	12%	12%
State	3%	3%	4%	4%	5%	6%	8%	10%	11%	11%	11%